

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 529

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 14 Line Oak Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marceala Herrera { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Nov-16-1929
Month Day Year

| FATHER | | MOTHER | |
|---|------------------------|--|---------------------------|
| 8. Full name | <u>Jose C. Herrera</u> | 14. Full maiden name | <u>Carlota Portillo</u> |
| 9. Residence (Usual place of abode) | <u>Miami, Arizona</u> | 15. Residence (Usual place of abode) | <u>Miami, Arizona</u> |
| If non-resident, give place and state. | | If non-resident, give place and state. | |
| 10. Color or race | <u>Mex.</u> | 16. Color or race | <u>Mex.</u> |
| 11. Age at last birthday | <u>37</u> (Years) | 17. Age at last birthday | <u>32</u> (Years) |
| 12. Birthplace (city or place) | <u>Durango Mex.</u> | 18. Birthplace (city or place) | <u>Parral, Chih. Mex.</u> |
| (State or country) | | (State or country) | |
| 13. Occupation | <u>Miner</u> | 19. Occupation | <u>Housewife</u> |
| Nature of industry | | Nature of industry | |
| 20. Number of children of this mother | <u>4</u> | 21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u> | |
| (Taken as of time of birth of child herein certified and including this child.) | | (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyrl M. Brown
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Filed Nov 25, 1929 Registrar

Registrar

481-1116-374